

Case Number:	CM14-0143976		
Date Assigned:	09/12/2014	Date of Injury:	03/12/1990
Decision Date:	10/21/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	09/05/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 65 year old male whose date of injury is 03/12/1990. Lumbar MRI dated 06/29/13 revealed multilevel degenerative disc disease and facet arthropathy. The injured worker is noted to be status post fusion C4-5, C5-6, C6-7 on 08/15/12 and right total knee replacement on 03/01/10. The injured worker reportedly underwent physical therapy years ago. Diagnosis is spinal stenosis of lumbar4 region without neurogenic claudication.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

DME purchase - back brace: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Lumbar supports

Decision rationale: Based on the clinical information provided, the request for DME purchase back brace is not recommended as medically necessary. There is no documentation of instability, compression fracture or spondylolisthesis. The Official Disability Guidelines note

that lumbar supports are not recommended for the prevention of low back pain. There is no clear rationale provided to support purchase of a back brace at this time.

DME rental of Vascutherm unit (unknown length of rental): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Venous thrombosis

Decision rationale: Based on the clinical information provided, the request for DME rental of vascutherm unit (unknown length of rental) is not recommended as medically necessary. The request is nonspecific and does not document the length of rental. There is no clear rationale provided to support rental of the unit at this time. Given the lack of supporting documentation, the request is not medically necessary in accordance with the Official Disability Guidelines.